

MONTGOMERY COUNTY ANIMAL SERVICES AND ADOPTION CENTER ADOPTION QUESTIONNAIRE

I'm Interested in adopting a: **DOG** **CAT** **OTHER** (please specify) _____

First Name:	Last name:	Date:
Address:		Apt. #
City:	State:	Zip:
Home phone:	Cell phone:	
Email:		

Home Information

Address where pet will live: _____

City: _____ County: _____ State: _____ Zip: _____

You must be at least 18 years old to adopt.

Do you have any prior experience caring for the type of animal you are interested in? **YES / NO**

Do you own the home you live in? **YES / NO**

What type of home do you live in: *(please circle)*

House Apartment Duplex Condo Townhome W/parents Military Housing

******please note: If you do not own the home you live in, you must provide your lease with the pet addendum or written, signed permission from the land owner including restrictions. ******

Provide landlord name and telephone number below.

How many people live in your home? Adults: _____ Children: _____ Ages of children: _____

Animal History: (If not applicable write N/A)

Do you have any pets at this time? **YES / NO**

If you are adopting a small animal or an exotic pet, do you have an enclosure or cage of appropriate size to ensure the comfort of your new pet? **YES / NO**

The most important thing I want in my pet is _____

My pet needs to be good with *(circle all that apply)*: **DOGS CATS OTHER SMALL ANIMALS**
CHILDREN UNDER 8 YEARS OF AGE CHILDREN OVER 8 YEARS OF AGE ELDERLY

How long will the animal be home alone each day? _____

Where will your new pet stay when you are **not** home during the day? _____

Where will your new pet stay when you are home? _____

Staff use only:

Staff use only:

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How much time will you spend with your dog outside? _____

I am willing to provide my pet with ☐ no training ☐ some training ☐ a lot of training

Have you ever rehomed or brought any animals to an animal shelter? **YES / NO**

If Yes – Why? _____

Please list all the pets you have owned in the last 5 years - to include your current pets. (We can provide more room if needed)

Please list your current pets below:

What type of pet is it?	Name	Age	Spayed/Neutered	Live inside or outside	Current on Rabies	Current on County License

For pets you no longer own:

What type of pet is it?	Name	Age	Why do you no longer own this pet?

Who is your current Veterinarian? _____ Phone: _____

Please **INITIAL** each of the following:

_____ ***I have read the questions above and I certify that the information is complete and true, and I understand that any false information may void this application. I authorize Montgomery County Animal Services and Adoption Center to verify the information provided. I also understand that Montgomery County Animal Services has the right to deny my application.***

_____ ***Falsifying any information may eliminate me from future adoptions.***

_____ ***I authorize the release of any animal related medical information to a representative of MCASAC.***

_____ ***I certify that neither I nor anyone in the household have ever been charged with or convicted of animal cruelty or domestic violence.***

Print Name: _____

Signature: _____ Date: _____